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# TRANSMITTAL FORM

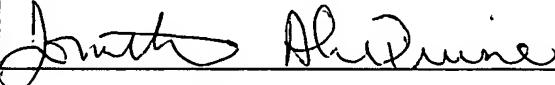
(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/527,973
	Filing Date	August 2, 2006
	First Named Inventor	Jairam R. Lingappa
	Group Art Unit	Unassigned
	Examiner Name	Unassigned
Total Number of Pages in This Submission	Attorney Docket Number	305JP-010510US

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Supplemental Amendment <input type="checkbox"/> Filing Receipt Request <input type="checkbox"/> Copy of PCT Search Report <input type="checkbox"/> Copy of EP Search Report <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Receipt Acknowledgement Postcard <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
<b>Authorization to Charge Deposit Account</b> Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.		
<input type="checkbox"/> Remarks		

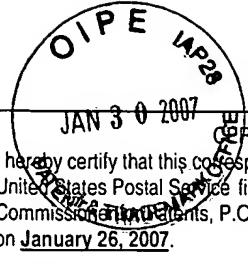
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jonathan Alan Quine, Reg. No. 41,261, Quine Intellectual Property Law Group, P.C.	
Signature		
Date	January 26, 2007	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on Jan 30, 2007.

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	Date	1/26/07	



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QUINE INTELLECTUAL PROPERTY LAW GROUP, P.C.

By:

Chianti Appling

A handwritten signature of Chianti Appling in black ink.

Appl. No. :	10/527,973	Confirmation No. 7515
Applicant :	Jairam R. Lingappa, et al.	
Filed :	August 2, 2006	
TC/A.U. :	Unassigned	
Examiner :	Unassigned	
Docket No. :	305JP-010510US	
Customer No. :	58280	
Client Ref No.:	SF-2002-91-2US	

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**SUPPLEMENTAL AMENDMENT**

Sir:

Applicants respectfully request that the following Supplemental Amendment be considered prior to examination of the above-cited application.

**Amendments to the Specification** begin on page 2 of this paper.

**Remarks/Arguments** begin on page 3 of this paper.